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22917 7590 01/18/2006

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MOTOROLA, INC.

1303 EAST ALGONQUIN ROAD

IL01/3RD

SCHAUMBURG, IL 60196

04/18/2006 CNGUYEN3 00000070 502117 09818814

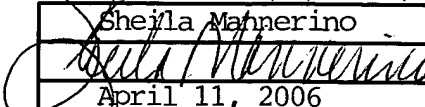
01 FC:1501 1400.00 DA
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Sheila Mannerino

(Depositor's name)



(Signature)

April 11, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/818,814	03/27/2001	Donald G. Newberg	CM04753H	9970

TITLE OF INVENTION: SLOT FORMAT AND METHOD FOR INCREASING RANDOM ACCESS OPPORTUNITIES IN A WIRELESS COMMUNICATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/18/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAM, PHIRIN	2661	370-437000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Steven R. Santema

2 Indira Saladi

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MOTOROLA, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCHAUMBURG, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502117 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date April 11, 2006

Typed or printed name

Indira Saladi

Registration No. 45,759

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